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## NURSING OF A TYPHOID

By MARY J. REYNOLDS

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HARDLY any disease is so trying to the skill and patience of a nurse as *typhoid fever*. There are the long and weary days and nights when the temperature is running high, often delirium following, with the patient constantly refusing nourishment when you feel it is the most needed to restore him back to health; then comes the tedious convalescence, when the patient is so anxious to eat and once more get about, so that a nurse's resources are often drawn upon to the limit, making us all wish that someone would think of something that would be helpful. And then to be in charge of a typhoid case means that not only shall you carry out all the proper measures yourself, but see that everybody else does so too, and that no one either ignorantly or wilfully prevents or thwarts such measures.

The first thing to be arranged for is absolute rest and quiet for mind and body, as any exertion or excitement increases the temperature, consequently pulse-rate is increased and more strain is put upon the heart.

The patient should be in a light, airy room, as he or she does much better where there is plenty of light; and there is every reason that the room should be cheerful, for while it may not matter to us how cheerless our sleeping-rooms are, the sick-room must never be so, for when a pale, withering plant and a human being are placed in the sunlight, if they are not too far gone both will recover health and vigor in time. It is hardly necessary to add that in cases sometimes the eyes are very weak and sensitive to light, but this you can always control by shades and curtains. These curtains should be of washable material and washed once or twice a week. The bed, when possible, should be iron and the mattress hair.

The bed should never stand against the wall. It must be possible to get on all sides in order to reach all parts of the patient without stretching—a thing quite impossible when the bed is too wide, too high, or in a corner. A good, clean way to make a bed for a typhoid case is to have a piece of rubber sheeting a yard and a half wide and long enough to tuck under the sides of the mattress; over this spread cotton sheet and pin at the corners; then take half of a cotton blanket, fold, and pin to the sides of the mattress, and then over this pin the draw-sheet. This extra thickness is necessary to protect the patient's body from the irritating moisture caused by perspiration coming in contact with the rubber. Then comes the top sheet, a light wool blanket, and never a heavy spread, but a thin cotton one. All linen must be changed once a day at least.

It is impossible to give a rule for the arrangement of the pillows, but the object to be attained is to support the back below the breathing apparatus, to allow the shoulders to fall back, and to support the head without throwing it forward.

Tall patients suffer more than short ones because their long limbs drag from the waist. This can be somewhat relieved by placing a pillow to press the feet against.

The one great thing in typhoid is cleanliness; it is just as necessary to keep the skin free from all obstructing excretions as it is to renew the air. The bathing should be done on a rubber sheet, so that plenty of water may be used. Bathing in this way, the bath has quite another effect besides cleanliness, for the skin will absorb the water, thus causing it to become softer and more perspirable. Water should be fresh as well as the air about a patient; it should be soft, for when soap and hard water are used it actually dirties the patient's skin; the oil in the soap, the perspiration from the skin, and the lime in the water unite to form a kind of varnish on the skin, which when rubbed will roll up in dark flakes; so when rain or distilled water cannot be had boil all water for bathing and sponging; this will remove much of the hardness. When the bath is finished a little powder in the armpits, back of the neck, groins, and back is refreshing and destroys that odor to some extent so noticeable in typhoid.

The tongue should be kept clean with a good antiseptic solution; water, listerine, and a few drops of glycerine make a very good one. This should be used often, and always after nourishment has been taken.

The temperature, pulse, and respiration are usually taken every two or four hours, and a temperature of  $103^{\circ}$  is an indication for something to reduce it. The ways and means of reducing temperature are many, and almost every doctor has a different method, but sometimes you are left to your own ingenuity. The method below is always practical; it tires the patient the least, reduces the temperature in most cases, and causes the least commotion.

I improvise a sort of a tub on the bed. One must have a rubber sheet or oil-cloth large enough to cover the bed and to hang a few inches at the foot. I place this under the patient and over the pillow. At the sides under the rubber sheet I place a small cushion or, best of all, a Turkish towel rolled lengthwise. This places the patient in a sort of a rubber-basin on the bed. I bring the corners of the rubber sheet together at the foot, forming a channel for the surplus water to flow into a vessel at the foot of the bed. I then elevate the head of the bed a few inches by placing blocks of wood under the legs. A cold compress or ice-bag is on the patient's head. I then begin to sponge, first with tepid water, grad-

ually making it cooler, as I find ice-cold water is so very distressing to the patient to begin with; the tepid water does no harm and it is much more agreeable to the patient than to be suddenly dashed with ice-cold water. I use a large sponge, and as I sponge I squeeze out the water and flush all over the body, as if I were cooling a heated surface. When I begin to use the ice-cold water I remove the ice from the head, and if the patient is shivering much I place a hot bottle to the feet.

A bath given in this way to reduce temperature can be endured longer than a tub bath, and the patient is not disturbed except to put the rubber sheet under him and to remove it.

I never wipe the patient dry, but at the last sponge him over with alcohol and water, which quickly evaporates, leaving the skin soft and moist with a refreshing tingle.

Now is the time nourishment or some stimulant should be given. The patient will oftener take it at this time than at any other. Medical men are getting more liberal, and more things are allowed the typhoid patient of to-day than of a few years ago. There are always milk and beef-tea; there are beef jellies and beef extracts; there are oats, rice, and barley to make delicate gruels; buttermilk is very useful; egg albumen, lemon, and a little cracked ice are very good, as the coated tongue often craves something sharp to the taste.

One very important thing to remember is not to dilute things any more than necessary: for instance, if your patient is ordered four ounces of brandy in a day, how will he take that amount if you make it four pints by diluting it? It is the same way with beef-tea, milk, etc.

It requires observation and care to determine what will not be too thick or strong for the patient to take, while giving no more than he can comfortably take.

Nothing is so trying as the effort to induce a patient to take nourishment; and typhoid cases must be urged and persisted with, and it is the observation of little things that enables us to influence our patients.

Opening a window will make one patient take nourishment, or the way you pillow his head another, so that he can swallow well; bathing the face and hands with cool water another; merely passing a wet towel over the back of the neck a third. I remember once when ill the way in which a spoon was put in my mouth meant a great deal.

All nourishment must be charted, so that at the end of every twenty-four hours you will be able to know exactly how much and of what the patient is taking.

All articles of bed linen, personal clothing, anything coming in contact with the patient, when removed should be placed at once into a disinfecting solution. The best, the cheapest, and always obtainable disinfectant is chloride of lime.

The disposal of excreta and care of the bedpan is most important of all. A little chloride of lime should be sprinkled into the bedpan before it is used, and when removed from the patient sprinkle more chloride of lime and allow to stand at least one hour; then empty and scald well. A solution of chloride of lime must be kept on hand to pour into the closet, and the closet should be well flushed each time it is used.

When convalescence fairly sets in the patient has longings for food, which if indulged might lead to violent reaction or even relapse. It has happened that a single well-meant but ill-directed indulgence has ended in death. This is an exceedingly trying time for the nurse, for not only must she deal with her patient, but with officious friends, who never consider that convalescence has its degrees and its course the same as the disease, and that the after-nursing is just as important as when the patient was unable to lift the head from the pillow.

There are other indulgences besides those of the stomach: patients are apt to overexert themselves, friends often carry on long and tedious conversations, prolonged readings, error in too little or too much clothing, and one must remember that in all these things the patient is, so to speak, like a child, for neither mind nor body has recovered its tone, and for a time the nurse must guide him by her experience.

As regards infection, true nursing knows nothing except to prevent it; cleanliness and fresh air and unremitting attention to the patient are the only defence a good nurse asks or needs.

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## THE NURSE AND THE MEDICAL MAN \*

By CASEY WOOD, M.D., D.C.L.

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THERE are at least two reasons why medical men are particularly interested in training-schools for nurses, and the first of these is, perhaps, the more important one, viz.: the success of the physician's treatment of a case, whether it be purely surgical, purely medical, or a combination of these, depends to a very large extent upon the intelligent coöperation of the nurse. Then, in the second place, scientific nursing and scientific medicine for the last fifty years have been so associated that we can hardly think of the one without being reminded of the other.

Before the years of the Crimean War there were faithful, conscien-

\* An address delivered to the graduating class of the St. Luke's Training-School for Nurses, Chicago.